

MENG FOUNDATION FUND APPLICATION

Date:

From (unit of assignment):

Thru Channels if applicable

To: DVEM

Attn: Family Program Office

State House Station #33

Augusta, ME 04333-0033

SECTION I - APPLICANT – FILL THIS SECTION IN COMPLETELY

Name

SSN

Address:

City:

State:

Zip:

Email:

Phone #:

Signature:

Grant/loan requested by: ☐ Service Member ☐ Spouse ☐ Other: _____

Unit:

Unit Address:

Unit Phone #:

Email:

Grant Request:

\$

Loan Request:

\$

Total Request:

\$

Have you requested Funds from this program previously If so, when? _____

Reason for request (be specific with supporting documents attached if possible):

Repayment agreement if applicable:

\$_____ per month starting _____ for _____ months totaling \$____

(Example: \$50 per month starting 1 Dec 04 for 12 months totaling \$600)

SECTION II - RECOMMENDATION BY UNIT OR HIGHER HEADQUARTERS

Budget Counseling Received: **Yes** **No** **NA**

What other resources were utilized?

AER?

Local Town?

Results?

Bank?

Family/Friends?

This information has been verified by unit of assignment and processed thru higher headquarters:

Recommendation: **Approval** **Disapproval** **Approval for lesser amount:**

Name:

Title:

Phone #:

Unit:

SECTION III – STATE FAMILY PROGRAM OFFICE

Received:

Date to Council:

Results:

Check #:

Disposition:

MENG FP/FFund – 37 1 Oct 04